



St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

APPLICATION FOR HEALTH OFFICER REPORT FOR SUBDIVISION

Applicant Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work #: _____ Fax #: _____ Email: _____

Reports are sent via email to Applicant and Area Plan. Please include name/email address of others you wish to receive reports:

Owner: _____

Address: _____ City _____ State _____ Zip _____

Work #: _____ Fax #: _____ Email: _____

Subdivision Name: _____

Lot numbers created by this action: _____

Type of Request: Check type and complete number of lots.

Major: _____ # of lots: _____ Minor: _____ # of lots: _____ Replat: _____ # of lots: _____

Anticipated use of subdivision: _____ Residential _____ Commercial _____ Other: _____

Site Information:

Street name/s: _____ City: _____ Zip: _____

Distance from municipal service to nearest property line: Water _____ Sewer _____

Required Attachments:

Attach a soil report consistent with Department of Health requirements.

Attach the following as submitted to the Area Plan Commission:

Plot plan

Support data sheet

Other information specified by the Department of Health (See process for obtaining Health Officer Reports).

Please send all electronic correspondence to envirohd@sjcindiana.com

Signature of Applicant or Representative

Date

Printed name

For Department of Health Use Only:

Application #: _____

Transaction # _____

Date: _____